

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: ULTRASONIC MONITOR FOR MEASURING  
HEART AND PULSE RATES

Attorney Docket Number:: 017886-000810US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: Ying-Ching  
Family Name:: Lo  
Name Suffix::  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 820 Optimo Avenue  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Tolentino  
Middle Name::  
Family Name:: Escorcio  
Name Suffix::  
City of Residence:: Dublin  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 7125 Amador Valley Boulevard  
City of Mailing Address:: Dublin  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94568

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ron  
Middle Name:: Jong  
Family Name:: Chang  
Name Suffix::  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 42905 Corte Verde  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94539

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	10/346,296	01/15/03

**Foreign Priority Information**

Country::

Application number::

Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::